The following numbered instructions correspond to the numbered sections of the sample return.

### INSTRUCTIONS FOR FRONT OF RETURN

- 1. Enter pertinent account information in the box in the top right of the page.
  - If the return is sent from the City, this information will be preprinted.
    - a. Account Name: Business (Legal) Name
    - b. Account #: City assigned account #
    - c. Report Period: Period for which taxes are being paid (I.E- September 2012)
    - d. Delinquency Date: Last business day of the month after the report period (I.E-Report Period of September 2012 has a Delinquency Date of 10/31/2012.)
- 2. Enter account mailing address information as follows:

If the return is sent from the City, this information will be preprinted.

- a. Business (Legal) Name
- b. Attn:
- c. Mailing Address
- d. City/State/Zip
- 3. Check this box if filing a zero return.
  - a. \*\*Please Note\*\*- A return *must* be filed each report period (monthly, quarterly, annual), whether or not there are taxes to report.
- 4. Select the Tax Description(s) from the table on the back of the return that identifies the type of tax that will be paid. The descriptions correlate to the tax types found in the City's tax code.
  - If the return is sent from the City, this information will be preprinted.
- 5. Tax Type: Match the Tax Description as noted in the table on the back of the return. If the return is sent from the City, this information will be preprinted.
- 6. Gross Income (Column 1): Enter the gross income, including tax collected, for each applicable Tax Description. Do not round, use exact dollars and sense.
  - a. If you report on a <u>cash basis</u>, enter the total amount received, including draws for construction contracting, in the reporting period.
  - b. If you report on an <u>accrual basis</u>, enter the total amount per customer invoices, including progressive billings for construction contracting, in the reporting period.
  - c. If you file a quarterly or annual return, combine the gross income for the required months and enter the sum for each Tax Description. **Do not list the income for each month of the filing period.**
- 7. Deductions (Column 2): Enter the total deductions from the bottom row of the back of the return for each applicable Tax Description. For information on entering deductions, please see steps 21 and 22. Deductions in column 2 that are not itemized on the back of the return will be DISALLOWED.

- 8. Taxable Income (Colum 3): Subtract the total deductions in column 2 from gross income in column 1.
- 9. Tax Rate (Column 4): Enter the tax rate applicable to each Tax Type. If the return is sent from the City, this information will be preprinted.
- 10. Tax Due (Column 5): Multiply column 3 by column 4 to calculate the total tax due for each Tax Description.
- 11. Subtotal (Line 7): Enter the subtotal of lines 1-6.
- 12. Enter Total Excess City Tax Collected (Line 8): If more tax was collected than is due, enter the City portion of the Excess City Tax Collected.
- 13. Total Tax Due (Line 9): Add the total of lines 7 and 8 and enter on line 9.
- 14. Penalty and Interest (Line 10): If the return is filed after the last business day of the month, a 10% late payment penalty and a 5% late filing penalty (per month) will be assessed. The maximum total of these penalties is 25% of the tax due. If this line is inputted incorrectly or left blank, the City will calculate the correct penalty and interest.
- 15. Enter Net Amount Due (Line 11): Add the total of lines 9 and 10 on enter on line 11.
- 16. Enter Total Credit Balance to be Applied (Line 12): If there is a credit balance on your account, enter the amount of the credit that should be applied to the account. The credit cannot exceed the total balance due.
- 17. Enter Total Amount Paid (Line 13): Subtract line 12 from line 11 and enter the number on line 13.
- 18. Sign and date the return as required.
- 19. If this account requires any modifications (ownership, address, etc., check the box and enter the correct information in the area noted in step 23.

## INSTRUCTIONS FOR BACK OF RETURN

- 20. Enter the Tax Type in the correct column as noted on the front page. If the return is sent from the City, this information will be preprinted.
- 21. Enter the itemized deductions in the correct column grouping for each tax type. Deductions must be itemized. Any deduction not itemized will be DISALLOWED.
- 22. Enter the total of the deductions for each Tax Type in the last line of the deduction table and move this number to the correct Tax Type in column 2 on the front page.
- 23. If there is any change in status on the account, check the box on the front of the return as noted in Step 19 and fill in the applicable area of the change in status box.

City of Flagstaff - Sales Tax Division

211 West Aspen Ave. Flagstaff, AZ 86001 www.flagstaff.az.gov Phone: (928) 213-2250 Fax: (928) 213-2209 E-mail: SalesTax@flagstaffaz.gov

# City of Flagstaff Transaction Privilege (Sales) Tax Return

	Account Name:		
	Account #	Report Period	Delinquency Date
	Raturn is	due on the 20th of th	e month

Delinquent if not paid by the last business day of the month.

**Business Name** 

Attention

Mailing Address

City/State/Zip

Return this form with your remittance to:

CITY OF FLAGSTAFF PO BOX 22518 **FLAGSTAFF AZ 86002-2518** 

Place a check here and sign at the bottom if

		you do not have taxes				es to report and remit.			
	$\overline{4}$	(5)	(6)	$\bigcirc$	8	a	<del></del>	(10)	
			Column 1	Column 2	Column 3	Column 4	/ Colu	mn 5	
Line	Tax Description	Tax Type	Gross Income	(From Schedule A)  – Deductions	= Taxable Income	X Tax Rate	= Ta	x Due	
1									
2									
3									
4									
5									
6									
7	Subtotal (Add Column 5, lines	s 1 through 6)	(11)						
8	Enter Total Excess City Tax 0	Collected $(12)$				Plus (+)			
9	Total Tax Due (Add Column 5	5, lines 7 & 8)	(13)	_		Equals (=)			
10	Penalty and Interest (See Ins		Plus (+)						
11	Enter Net Amount Due (15)								
12	Enter Total Credit Balance to be Applied (16)  Minus(-)								
13	Enter Total Amount Paid	7)	•			Equals (=)			

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

				(19)
Taxpayer / Preparer Signature	(18)	Date	To cancel your license or to make any changes to your account, check the box and complete the back of this form.	®
Print Name		Phone #		

A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID

Return original with remittance to the address above. Please make check payable to: CITY OF FLAGSTAFF Please DO NOT mail cash.

Account #:

### City of Flagstaff Transaction Privilege (Sales) Tax Return (Page 2)

## INSTRUCTION AND DEDUCTION EXPLANATIONS

**DUE DATE:** 

Tax returns are due on the 20th of the month following the reporting period. A return must be submitted even if no taxes are due. Tax returns

are considered delinquent if not received by the last business day of the month.

### POSTMARKS ARE NOT EVIDENCE OF TIMELY FILING

PENALTIES:

Late Filing Penalty - A penalty of 5% of the tax due will be assessed for each month, or fraction of a month, between the deliguency date of the

return and the date on which it is filed.

Late Payment Penalty - A penalty of 10% of the unpaid tax will be assessed if the tax is not paid timely.

Total Penalty - Total penalties will not exceed 25%

INTEREST:

My phone number changed.

Please send a new license application for the following reason:

Please cancel my license for the reason noted:

Taxes unpaid after the delinquency date are assessed interest at the same rate in effect for the Arizona Department of Revenue. Any outstanding interest is compounded annually on January 1. Interest CAN NOT be abated by the Tax Collector.

Tax Type	Activity	Allowable Deduction Codes					
1	Transportation	52,53,57,64,75					
2 Mining		52,53,57,64,74,75					
4	Utilities	52-54,57,64,65,75					
5	Telecommunications	52-54-57,64,66,75					
9	Publishing	52-54,55,57,64,65,69,75					
10	Job Printing	52-55,57,64,65,74,75					

Tax Type	Activity	Allowable Deduction Codes					
11	Restaurants/Bars	52,53,57,62,64,65,74,75					
12	Amusements	52,53,57,64,75					
13	Commercial Property Rental	52-54.57.64.75					
14	Personal Property Rental	52-55,57,58,62-65,73-75					
15	Contracting	52-53,55,57,62,64,70-71,75					
17	Retail Sales	51-59,63-65,73-75					

Tax Type	Activity	Allowable Deduction Codes				
18	Advertising	52,53-55,57,62,64,69,75				
25 Hotel/Motel 31 Cable Franchise		52,53,57,64,75				
		52-54,57,64,75				
32	Natural Gas Franchise	52-54,57,64,65,75				
33	Telecom Franchise	52-54,57,64,66,75				
34	Electric Franchise	52-54,57,64,65,75				
35	Bed, Board, and Booze	52,53,57,64,75				

Report Period:

## **SCHEDULE A - DEDUCTIONS**

Enter the deductions and exclusions you used in computing your City Transaction Privilege (Sales) Tax. You must keep a detailed record of all deductions and exclusions. Failure to maintain proper documentation and records required by City ordinance may result in their disallowance. A separate detail of city records and documentation must be maintained only when the income, deductions or exemptions are different than the state's. The table above is a guide for allowable

deductions and sh	nould not be construed imbers listed at the top	to be comple	ete or all encomp	assi		he line	number for	tax tv	pe on the front		abovo 10 a	guido	ioi allowabio
	ion Code & Description		Line 1 Tax Type	d)		20)	Line 3	20)		<u>2</u> (p)	Line 5 Tax Type:	(20	Line 6 20
51 - Exempt Foo	•			1	, ,		,	7	71			$\neg$	
52 - Discounts A	llowed (If Included in G	ross)											
53 - Refund and	Returns (If Included in	Gross)											
54 - Sales for Re	esale												
55 - Out-of-State	Sales							_					
56 - 50% of Reta	il Sales to US Governr	nent											
57 - Bad Debt or	Which Tax Was Paid												
58 - Prescriptions	s/Prosthetics				ا.	1					<b>,</b>		
59 - Gasoline an	d Use Fuel Sales									Ħ	L	$\neg$	
62 - Out-of-City S	Sales										1	$\dashv$	
63 - Service Lab	or							7	1		16	$\top$	
64 - Privilege (Sa	ales) Tax Factored or C	Collected							•				
65 - Qualifying H	ealthcare Sales				1					Ι.	r e		
66 - Interstate Te	elecommunications				1			$\top$			7		
69 - National Adv	vertising								_	/	<u>-</u>		
70 - 35% Constri	uction Contracting					H							-
71 - Subcontract	ing Income			T			_					$\dashv$	
73 - Exempt Cap	ital Equipment			T									
74 - Freight Out/	Delivery Charges			$\dagger$								$\dashv$	
75 - Other:				1									
75 - Other:				T								$\dashv$	
Total Deductions	(Move to Column 2 on	Front Page)	(22)		(22)		(22)		(22)		(22)		(22)
				С	hange in S	Status	$\overline{}$				$\overline{}$		$\overline{}$
Account			Effective Date of	f Ch	ange:							,	,
My business nan	ne has changed to:												
My business has	moved to:						<u> </u>						
My mailing addre	ess has changed to:						20 <u> </u>						
My new location	is rented.	Landlord no				_	$\mathcal{L}$	L	andlord numbe	er:			
l		Landiora m	nailing address:										

New mailing phone number:

The ownership of my business has changed to:

I have another location in Flagstaff:

New business phone number: